



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/800,450
Applicant : Emmanuel Hadji, et al.
Filed : March 15, 2004
Title : METHOD FOR FORMING AN OPTICAL SILICON LAYER ON A SUPPORT AND USE OF SAID METHOD IN THE PRODUCTION OF OPTICAL COMPONENTS

Confirm No. : 1230
TC/A.U. : 2825
Examiner : Chuong A. Luu

Docket No. : 33019US1

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

The three month period for response to the Office action of October 26, 2005 in the above-identified application expired on January 26, 2006. Accordingly, applicants respectfully request and petition that the response date be extended for three additional months, up to and including April 26, 2006. The additional \$2160.00 extension of time fee is enclosed.

If there are any further fees required by this communication which are not covered by an enclosed check, please charge such fees to our Deposit Account No. 16-0820, Order No. 33019US1.

Adjustment date: 09/27/2006 CKHLOK
06/05/2006 AWONDAF1 00000073 10800450
02 FC:1255 -2160.00 0P

Respectfully submitted,

PEARNE & GORDON LLP

By:



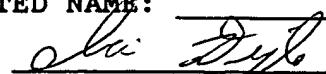
Una L. Lauricia, Reg. No. 48998

1801 East 9th Street
Suite 1200
Cleveland, Ohio 44114-3108
(216) 579-1700
Date: May 30, 2006

16/05/2006 AWONDAF1 00000073 10800450

12 FC:1255 2160.00 0P

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 09/26/06		2 Serial/Patent # 10/800,450		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		06/02/06	\$ 2,160.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 2,160.00	
8 TO BE REFUNDED BY:				
<input type="checkbox"/>	Treasury Check			
<input type="checkbox"/>	Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	9 1 6 -- 0 8 2 0			
10 REASON:				
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9 1 6 -- 0 8 2 0	
<input checked="" type="checkbox"/>	X No Fee Due (Explanation):			
The extension of time period is over, not extension fee is due.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Irvin Dingle	TITLE: Paralegal	
SIGNATURE:			PHONE: 571-272-3210	
OFFICE: Office of Petitions				
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APPROVED:			DATE: 9/27/06	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B